

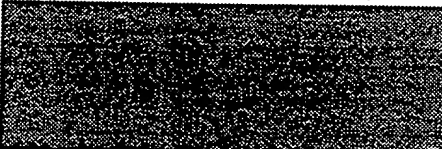
|                                                                      |                                                                                                                                                                                                         |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: 10/4/2001                                                      | FROM: Ellis, R (print name)                                                                                                                                                                             |
| FORWARD TO:<br>A. Art Unit: 2122<br>B. Class: 706<br>C Subclass: 15+ | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): 7 |

## FURTHER EXPLANATION IF NEEDED:

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|                                                                           |                                                                                                                                                                                                             |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____                                                               | FROM: _____ (print name)                                                                                                                                                                                    |
| FORWARD TO:<br>A. Art Unit: _____<br>B. Class: _____<br>C Subclass: _____ | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |

## FURTHER EXPLANATION IF NEEDED:

|                                                                                                              |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____                                                                                                  | FROM: _____ (print name)                                                                                                                                                                                    |
| FORWARD TO CLASSIFIER<br> | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |

## FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|                                                                           |                                                                                                                                                                                                             |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____                                                               | CLASSIFIER: _____                                                                                                                                                                                           |
| FORWARD TO:<br>A. Art Unit: _____<br>B. Class: _____<br>C Subclass: _____ | REASON(S):<br>A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |

## FURTHER EXPLANATION IF NEEDED: